

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

35531  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5458 Registrar's No. 978

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Walnut Grove Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Walnut Grove 39 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION - - - - Length of stay in 1b				d. STREET ADDRESS (If outside, give location) - - - - Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last EUNICE PARKER				4. DATE OF DEATH Month Day Year Oct. 9 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 5, 1889 68	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Walnut Grove		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Toalson				14. MOTHER'S MAIDEN NAME Mary Colven			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - - -		16. SOCIAL SECURITY NO.		17. INFORMANT Address Pearl Parker Walnut Grove, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRCULATORY FAILURE  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION DUE TO (c) HYPERTENSION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 1 MIN  4201 3 YRS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb 1, 1957 to Oct. 9, 1957 and last saw her alive on Oct. 5, 1957 Death occurred at 8:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. R. Daw. D.O.				22b. ADDRESS Walnut Grove Mo.		22c. DATE SIGNED 10/10/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 10-11-57		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) Walnut Grove, Missouri	
24. FUNERAL DIRECTOR BRIM-DANIEL		ADDRESS Walnut Grove, Mo.		25. DATE RECD. BY LOCAL REG. 10-14-57		26. REGISTRAR'S SIGNATURE Ernest Williamson	

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. ....  
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.